

Long survivors unknown primary of the neck

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We describe a case of a 53 year-old woman with personal history of strong smoking; the patient was presented with a right lateral tumor of the cervical region with progressive growth, intermittent, painless and dysphonia of 5 months of evolution. The head and neck CT showed a lesion of 3 cm × 2 cm in the right level II without an evident primary tumor. The PET showed a right cervical uptake and also in the 7th right rib. The extension study was negative. Fine-needle aspiration of the lymph node was positive. The patient was underwent to a radical cervical right dissection, histologically was metastasis of squamous cell carcinoma in 1/16 nodes with extracapsular extension. With the diagnostic of an unknown primary of the neck TxN2aM1 the oncology group decide concomitant treatment with CDDP chemotherapy and local radiotherapy in the nasopharynx, oropharynx and pharyngeal wall with 60 Gy, boost up to 66 Gy in right levels IB-IV, 55 Gy in contralateral nodes and 50 Gy in supraclavicular nodes. Three months later the control PET was negative and we decided expectant treatment of the rib. The patient was in regular follow-up by 38 months when she began with rib pain, the PET had a greater increase uptake in the 7th right rib and she was underwent to a resection of the 7th and 8th right ribs. Histologically was a poorly differentiated carcinoma of large cell size with free edges. The tumor cells were nonspecific immunoreactive. The patient was not given adjuvant treatment post surgery. The patient is in regular follow-up since the last 56 months with a complete response, 85 months after the first diagnostic. At the present, the patient is asymptomatic, the TC and PET revealed no recurrence tumor.

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Long-term remission of a laryngeal carcinoma in second relapse with reirradiation and concurrent cisplatin

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I report the case of a patient with laryngeal carcinoma in second relapse and long term survivor for eleven years. The last of the recurrences was reirradiated seven years ago with concurrent cisplatin, obtaining a maintained complete remission. This is a 77 year old male who underwent left frontolateral laryngectomy in July 2002 after a diagnosis of well differentiated squamous cell carcinoma of the glottic larynx (pT1N0M0). As the superior surgical margin was involved, the patient received postoperative radiotherapy. The fields covered the surgical bed and 66 Gy/33fr were delivered. Twenty-six months later he underwent surgery for the second time. A total laryngectomy and right jugular neck dissection were performed due to a local relapse involving vocal cord, ventricle, false cord and thyroid cartilage (pT4aN0). All surgical margins were microscopically negative. A new recurrence was detected in June 2005 presenting as a right paratracheal tumor with fistulization. The mass had 4 cm in his largest dimension and was adjacent to the tracheostomy, invading the right thyroid lobe. The treatment decision was made by the multidisciplinary committee of laryngeal tumors. They selected reirradiation combined with cisplatin as the best alternative and the patient received 3D-CRT, 60 Gy/30 fr to the gross disease PTV, and concomitant cisplatin, 20 mg/m²/day (120-h continuous infusion) in the first and fifth weeks of radiation. A complete response of disease was achieved. Today, he remains progression free. I want to highlight: (1) the high effectiveness of the enhanced reirradiation in this challenging situation – an extensive second local relapse of a laryngeal cancer; (2) that the local complete response obtained has translated into a long term disease free status and (3) the low late toxicity, in that case, for this salvage therapy.

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Orbital lymphoma: Case report

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Orbital lymphoma refers to a lymphoma occurring in the conjunctiva, lacrimal gland, eyelid and ocular musculature. Primary non-Hodgkin's lymphoma (NLH) of the orbit is a rare presentation (8–10% of extranodal NLH). Majority of the orbital lymphoma are of low grade variety and only 16% are of high-grade histology. The presenting age ranges from 15 to 70 years but majority of them occur around 60 years of age. The commonest manifestation of the disease is a palpable mass followed by eye irritation, ptosis, proptosis, excessive tearing, blurry vision, and pain. Orbital irradiation gets a local control rate of 83 to 100% and a five-year disease-free survival of 62–100% for low grade lymphoma. Case report: Male, 35 years old, who referred exophthalmos in the right eye since December of 1986. A scan showed an increase in size of the right eye muscles, classified as a probable pseudo-tumour. A biopsy revealed the diagnostic of lymphoma. The patient was treated with chemotherapy (CT) with a partial response, so he received radiotherapy (RT), 40 Gy over orbit area, obtaining a complete response. A new lymphoma appeared in the left eye, eight years later. The patient was treated again with QT without obtaining response, so radiotherapy was administered on that new lesion (same dose). To date, the patient remains in complete remission. He only has bilateral eye cataracts.

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